PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 54 Wheatland 0945 Harlowton Elem Elementary Contract District **Daily** # of Days Transported # # Shared Family's Name Rate 16 1073 No Martin, Tonya 3.50 Dietrich, Deidre 16 1075 No 4.00

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Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 54 Wheatland 0946 Harlowton H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 16 1074 No Carlson, David 5.50 MOORE, SUSAN 16 1269 No 4.50 16 1270 No MILLER, ROSS W 6.25

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Holona, MT 59620-2501

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

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DUE
DATES

First Semester February 15 to State Superintendent **Second Semester**

February 1 to County Superintendent May 10 to County Superintendent S: May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 54 Wheatland 0949 Judith Gap H S **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 21J 1330 No **VOLF, JEFF & CHRISTINE** 1.00 21J 1332 Yes PHILIPPI, SUSAN & JOE 1.12 21J 1807 Yes GAUGLER, JOHN & SHAWN 2.37